

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Eric J. Holcomb
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Dental Faculty Renewal

Renew online at www.pla.in.gov using the Register a Person option to create your login credentials. To renew by mail, send this completed form to the office address shown above, allowing 4 weeks for processing. If you answer 'Yes' to any disciplinary question below send a detailed statement regarding the response with your renewal form. If you indicate you are a qualified alien as defined under 8 U.S.C § 1641 and not a U.S. citizen, please provide documentation from USCIS that shows proof of your qualified alien status.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name		License Number	Expiration Date
Renewal Fee			
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
QUESTIONS			
1. Since you last renewed, has any healthcare license, (including DEA), certificate, registration, or permit you hold or have held been subject to investigation, charges pending or disciplinary sanctions in any state or U.S. territory?			YES NO
2. Since you last renewed, has any license to practice dentistry in any state, (including Indiana), or country been denied, withdrawn, revoked, or suspended for disciplinary sanctions in any state or U.S. territory?			YES NO
3. Since you last renewed, have you been censured, issued a letter of reprimand, received probationary status, had restrictions or limitations placed on your ability to perform certain acts within the practice of dentistry in any state (including Indiana) or U.S. territory, or country?			YES NO
4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action regarding your license to practice dentistry in any state or U.S. territory?			YES NO
5. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state or U.S. territory?			YES NO
6. Since you last renewed, have you had any action, discipline or revocation on your DEA (U. S. Drug Enforcement Administration) registration or entered into a Memorandum of Understanding (MOU) on said registration?			YES NO
Pursuant to IC 12-32-15 and IC 12-32-1-6, I swear under the penalty of perjury that:			
<input type="checkbox"/> I am a United States Citizen <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641)			
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal, understand the State Board of Dentistry statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

Visit www.pla.in.gov for additional information regarding your license.
If you have any questions for the Indiana State Board of Dentistry please email pla8@pla.in.gov
or call 317-234-2054.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date